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**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

☒ Declaration Submitted with Initial Filing ☐ Declaration Submitted after Initial Filing

Attorney Docket Number TSH100USA

First Named Inventor Jeffrey Meisner

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUGMENTED REALITY TECHNOLOGY

(Title of the invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/081,051	04/08/98	<input type="checkbox"/>

[Page 1 of 5]

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DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Joel D. Skinner, Jr. Marvin L. Beekman	33,786 38,377		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	Skinner and Associates						
Address	Attn.: Marvin Beekman						
Address	619 Second St., STE. 201.						
City	Hudson			State	WI	ZIP	54016
Country	US		Telephone	(715) 386-5800		Fax	(715) 386-6177

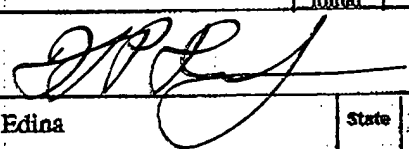
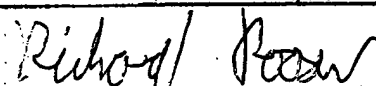
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☒ A petition has been filed for this unsigned inventor

Given Name	Jeffrey	Middle Initial		Family Name	Meisner	Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City	Minneapolis	State	MN	Country	USA	Citizenship	USA
Post Office Address	3113 40th Ave. S						
Post Office Address							
City	Minneapolis	State	MN	Zip	55406-2224	Country	USA

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Walter			Middle Initial		P.	Family Name		Donnelly			Suffix e.g. Jr.						
Inventor's Signature										Date		4/6/99							
Residence: City		Edina			State		MN	Country		USA			Citizenship		USA				
Post Office Address		6108 Sherman Circle																	
Post Office Address																			
City		Edina			State		MN	Zip		55436		Country		USA					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Richard			Middle Initial			Family Name		Roosen			Suffix e.g. Jr.						
Inventor's Signature										Date		3/31/99							
Residence: City		Minneapolis			State		MN	Country		USA			Citizenship		USA				
Post Office Address		2541 Aldrich Ave. South, #2																	
Post Office Address																			
City		Minneapolis			State		MN	Zip		55405		Country		USA					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial			Family Name					Suffix e.g. Jr.						
Inventor's Signature										Date									
Residence: City					State			Country					Citizenship						
Post Office Address																			
Post Office Address																			
City					State			Zip				Country							
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial			Family Name					Suffix e.g. Jr.						
Inventor's Signature										Date									
Residence: City					State			Country					Citizenship						
Post Office Address																			
Post Office Address																			
City					State			Zip				Country							
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name					Middle Initial			Family Name					Suffix e.g. Jr.						
Inventor's Signature										Date									
Residence: City					State			Country					Citizenship						
Post Office Address																			
Post Office Address																			
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